

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9141

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>146</u>	PRIMARY REG. DIST. NO. <u>3026</u>	Registrar's No. <u>90</u>
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u> <u>0464</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>		d. STREET ADDRESS (If rural, give location) <u>620 N. Delaware</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>W</u> c. (Last) <u>Meredith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 3, 1950</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>✓</u>	8. DATE OF BIRTH <u>Apr. 2, 1868</u>	9. AGE (In years last birthday) <u>81</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>		11. BIRTHPLACE (State or foreign country) <u>Des Moines, Iowa</u> <u>1</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Benjamin Weaver</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Rohrbach</u>		14. NAME OF HUSBAND OR WIFE <u>S. L. Meredith (deceased)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Miss Margaret Meredith, Independence, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of uterus &amp; metastasis in pelvis, bladder, &amp; brain</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Was not known true about</u> DUE TO (c) <u>2 weeks before death</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5:30 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Feb. 24, 1950</u> to <u>March 3, 1950</u> , that I last saw the deceased alive on <u>March 3, 1950</u> , and that death occurred at <u>6:30 PM</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>E. H. Allen M.D.</u> (Name or title)		23b. ADDRESS <u>First National Bank, Independence, Mo.</u>		23c. DATE SIGNED <u>March 4, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> <u>4</u>		24b. DATE <u>Mar. 5, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Humansville</u>
24d. LOCATION (City, town, or county) <u>Humansville, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Mar. 4-1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>354</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> <u>Independence, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 13 RECD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4123

P. O. Address Independence, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.